National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x' in the appropriate box or by entering the information requested, if an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classificational enterials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

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5. Classification Ownership of Property (cneck as many poxes as apply)	Category of Property (check only one pox)		urces within Property sly listed resources in the col	unt.)
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N/A		N/A		
6. Function or Use Historic Function (Enter categories from instructions)		Current Fu (Enter categor	inction nes from instructions)	
HEALTH CARE/hospital		WORK IN PR	OGRESS	
7. Description Architectural Classification		Materials		
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See continuation sheet(s) for Section No. 7

Christian Church Hospital-Robinson Neurological Hospital Name of Procerty	Jackson County MO County and State
8. Description	Goality and Glate
Applicable National Register Criteria (Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)	Areas of Significance (enter categories from instructions)
A Property is associated with events that have made a significant contribution to the broad patterns of	HEALTH/MEDICINE
our history.	ARCHITECTURE
■ B Property is associated with the lives of persons significant in our past.	
C Property embodies the distinctive characteristics of a type, period, or method of construction or	
represents the work of a master, or possesses high artistic values, or represents a significant and	
distinguishable entity whose components lack individual distinction.	
□ D Property has yielded, or is likely to yield, information important in prehistory or history.	Period of Significance
Criteria Considerations (Mark "x" in all the boxes that apply.)	
Property is:	Significant Dates 1916
A owned by a religious institution or used for religious purposes.	1935
☐ B removed from its original location.	Significant Persons (Complete if Criterion B is marked above)
C a birthplace or grave.	<u>N/A</u>
☐ D a cemetery.	Cultural Affiliation N/A
☐ E a reconstructed building, object, or structure.	_
☐ F a commemorative property.	Architect/Builder Hoit, Henry F.
☐ G less than 50 years of age or achieved significance within the past 50 years.	HOIL, HEILY F.
Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)	
9. Major Bibliographical References Bibliography (Cite the books, articles, and other sources used in preparing this form on one or more con-	ang Andrews (and the second se
Previous documentation on file (NPS):	Primary location of additional data:
 □ preliminary determination of individual listing (36 □ CFR 67) has been requested □ previously listed in the National Register □ previously determined eligible by the National 	 State Historic Preservation Office □ Other State agency □ Federal agency ☑ Local government
Register designated a National Historic Landmark recorded by Historic American Buildings Survey #	☐ University ☐ Other Name of repository:
recorded by Historic American Engineering Record #	
	See continuation sheet(s) for Section No. 9

Christian Church Hospital-Robinson Neurological Hospital Name of Property		Jackson Coun County and St			
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10. Geographical Data					
Acreage of Property 2.5 acres					
UTM References (Place additional boundaries of the property on a continuation sheet.)					
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n a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division. National Park Service, P.O. Box 37127, Washington, DC 20013-7127, and the Office of Management and Budget. Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

National Register of Historic Places Continuation Sheet

Section number7	Page1	Christian Church Hospital
		Jackson County, MO

NARRATIVE DESCRIPTION

SUMMARY STATEMENT

The Christian Church Hospital-Robinson Neurological Hospital building is located in the center of a block bounded on the south by 27th Street, on the north by 26th Street, on the east by The Paseo, and on the west by West Paseo Boulevard. The site is approximately two miles to the southwest of downtown Kansas City, Missouri on a prominent hill that offers excellent views of the skyline and surrounding area. Missouri State Highway 71 (Bruce Watkins Memorial Drive) passes just beyond The Paseo on the east. The property is located in a residential neighborhood of single-family dwellings. The block contains three primary buildings and three secondary structures. Note that there is one contributing and two non-contributing resources on the nominated property. The Christian Church Hospital is the contributing property. The Classical Revival (Neo-classical) style hospital building is a five-story, yellow brick building with a rectangular footprint and measures approximately 186 feet by 59 feet. The building has a poured in place concrete foundation, steel framing and cast concrete walls. The flat roof has a tar and gravel surface. Terra cotta and stone are used for ornamentation. Wings which are five bays wide flank a central three-bay pavilion that project slightly from the plane of the building's primary façade. On the roof of the north wing is the structure of the conservatory originally in this location. On the roof of the south wing, the conservatory was either enclosed or replaced by a dark brick structure with five window openings.¹

WEST ELEVATION (FRONT)

As noted, the primary façade design employs large wings flanking a central, slightly projecting pavilion. The primary façade is four stories in height with a fifth story that incorporates the central pavilion and recessed conservatories occupying the flat roof of the flanking wings. A pediment roof that caps the central pavilion and the terracotta ornament of the pavilion further define the Classical Revival style of the building. Four engaged Corinthian columns are flanked by banded brick pilasters, which border and divide the windows of the pavilion. Below each column is a scrolled bracket with oak leaf ornament. The name "Christian Church Hospital" is engraved on a stone plaque in the fascia above the columns. The pediment capping the fifth story of the pavilion has dentils lining the eaves. The stone plaques that adorn the pilasters at

¹ Building permits do not indicate when this alteration occurred, but the original conservatory remains visible in a 1940 Tax Assessor's photograph.

National Register of Historic Places Continuation Sheet

Section number7	Page2	Christian Church Hospital
		Jackson County, MO

each corner of the pavilion have rams heads and acanthus garlands. Shells with floral garlands mark the pilasters that flank and divide the windows. The molding above the windows carries a series of discs and the windows have molded surrounds.

The fenestration includes a symmetrical arrangement of one-over-one light, double-hung sash windows and multi-light paired metal casement windows with matching transoms.² All of the window openings have stone sills. Those in the second and third floors have brick jack arches with stone keystones. In the central pavilion, the second story windows have pedimental window hoods. The doorways on the main façade are slightly arched with stone keystones ornamented with acanthus leaves.

The first story brickwork creates a horizontal banded pattern that integrates the exaggerated jack arch lintels. The same pattern of brickwork creates the effect of quoins on the slightly projecting end bays of the wings. A stone belt course runs between the first and second stories defining the base and body of this tripartite building. A stone belt course above the fourth story marks the base of the cornice, which also includes dentils, modillions and a series of discs marking the bays on the front of the projecting stone molding.

EAST ELEVATION (REAR)

The first five stories of the rear (east) elevation have 16 bays created by symmetrical arrangement of windows. The fifth floor has 14 bays defined by the windows, which have stone sills and brick jack arch lintels with key stones. Short horizontal windows pierce the fascia below the cornice Brick walls laid in a running bond pattern define the basement/ground floor on this elevation. The window and door openings have concrete block infill. The second floor of the east (rear) elevation corresponds with the first floor if the west (front) elevation and features the same horizontal banded brick pattern that integrates the exaggerated jack arch lintels found on the west (front) elevation. The stone belt course that runs between the first and second stories continues on this elevation. The horizontal pattern brickwork found on the second story occurs at the corners of the slightly projecting end bays on floors three through five, creating the effect of quoins. The stone belt course above the fourth story that marks the base of the cornice continues on this elevation, but does not include the dentils, modillions and a series of discs found on the primary and side elevations.

The casement windows date from 1935 as part of the conversion of the building to treatment of the mentally ill.

National Register of Historic Places Continuation Sheet

Section number	_7	Page	3	Christian Church Hospital
				Jackson County, MO

NORTH ELEVATION (SIDE)

Because of the slope of the terrain, this elevation has five stories and is three bays wide. Window openings define the bays. The basement floor has square windows filled with concrete block. The brick wall has a running bond pattern on this floor. The second story of this elevation corresponds with the first floor of the west (front) elevation and features the same horizontal banded brick pattern that integrates the exaggerated jack arch lintels found on the west (front) elevation. The stone belt course that runs between the first and second stories continues on this elevation. The horizontal pattern brickwork found on the second story occurs at the corners of elevation on floors three through five, creating the effect of quoins. It also occurs in the vertical panels that flank the central bay on these floors, again conveying the appearance of quoins. The stone belt course above the fourth story that marks the base of the cornice continues on this elevation, but the dentils, modillions and a series of discs found on the primary elevation do not continue past the first bay. Short horizontal windows pierce the fascia below the cornice. A metal fire escape spans the width of the center bay. The windows in the end bays on the second and third stories are one-over-one light, double hung sash units. The window units in the end bays on the fourth floor are multi-pane metal casement units. Small rectangular casement windows flank the center bay on this floor. On the fifth floor are full-size tripartite windows that fill the width of each end bay. The openings of the central bay have double-leaf door openings on floors two through five accessing the fire escape.

SOUTH ELEVATION (SIDE)

Because of the slope of the terrain, this elevation has five stories including the basement and is three bays wide. Window openings define the bays. A full height chimney occupies the southeast (rear) corner and projects a full story above the building. The basement floor has square windows filled with concrete block. The brick wall has a running bond pattern on this floor. The second story of this elevation corresponds with the first floor of the west (front) elevation and features the same horizontal banded brick pattern that integrates the exaggerated jack arch lintels. The stone belt course that runs between the first and second stories continues on this elevation. The horizontal pattern brickwork found on the second story occurs at the southwest (front) corner on floors three through five creating the effect of quoins. It also occurs in vertical panels that flank the central bay on these floors, again conveying the appearance of quoins. The stone belt course above the fourth story that marks the base of the cornice continues on this elevation, but the dentils, modillions and a series of discs found on the

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number7_	Page <u>4</u>	Christian Church Hospital
		Jackson County, MO

primary elevation do not continue past the first bay. A metal fire escape spans the width of the center bay. The windows in the end bays on the second floor are one-over-one light, double hung sash units. The window units in the end bays on the third through fifth floors are multipane metal casement units. Small rectangular casement windows flank the center bay on the fourth and fifth floors. Short horizontal windows pierce the fascia below the cornice. The openings of the central bay have double-leaf door openings on floors three through five accessing the fire escape.

HISTORIC ARCHITECTURAL INTEGRITY

Very few alterations have been made to the exterior of the hospital building. The most notable is the replacement the of the original window sashes with steel casement units, a change made in 1935 to address the changing role of the hospital to that of a psychiatric facility. This change did not alter the size of shape of the window openings and has associations with the significance of the property. The building shows deterioration associated with its age and a vacancy that spanned thirty years. Most of this damage occurred on the interior of the building.

In regard to the exterior, with the exception of the windows on the basement level, the majority of the building's openings remain unaltered and the majority of the building's window units dating from its period of significance also remain. Most window sash units display significant damage and may require replacement using similar materials, profiles, and sizes as the original building elements; rather than repair. The exterior cladding material has not been altered and is generally in good condition. Significant decorative elements and design elements intrinsic to the building's style are intact. There has been some loss of terra cotta and stone ornamental material but it represents a small percentage of the original ornamental features. The overall architectural character of the building for the time period in which it was erected remains intact. Other than as previously noted, few exterior changes have occurred over a period of time. A high percentage of these changes appear to be sympathetic and compatible to the original design in color, size, scale, massing, and materials.

The original configuration of rooms and hallways remain intact and there is a clear distinction between public and private spaces. Most of the design elements that made the building an innovative design in 1914 remain, communicating their significance. Marble wall covering in the public spaces has been removed but the original ceiling, archways and floor materials communicate the interior decorative design of the early twentieth century. Water infiltration and lack of temperature control has led to damage of the original plaster. A high percentage of the

National Register of Historic Places Continuation Sheet

Section number	7	Page	5	Christian Church Hospital
				Jackson County, MO

original woodwork and trim remains intact. Despite these losses, when compared with the original plan, most of the historic spatial arrangement remains intact and communicates its function.

SETTING AND AUXILIARY BUILDINGS

The block contains three primary buildings and three secondary structures. The block is defined as bounded on the north by East 26th Street, on the South by East 27th Street, on the West by West Paseo Boulevard and on the East by The Paseo. The primary buildings include the Christian Church Hospital-Robinson Neurological Hospital building erected in 1914-1916 in the center of the block; the Christian Hospital Nurses Home building erected in 1917, located at the southeast corner of the block; and a one-story multi-family building erected in 1954 at the southwest corner of the block. Auxiliary or secondary buildings and structures include the 1962 carport adjacent to northwest corner of the Nurses Home building; a two-car garage of an unknown date located immediately east from the hospital building's rear elevation and a onestory building known as the Dr. B. L. Elliot Recreation Building erected in 1958, northwest of the hospital building. Of the six buildings on the property only two, the main hospital building and the Nurses Home building were determined eligible by the Missouri State Historic Preservation Office.³ Due to the subdivision of the block into several parcels, for the purposes of this nomination, only the main hospital building, the 1958 recreation building and the two-car garage are in the boundaries of the nominated property. As noted in the summary paragraph, the main hospital building is considered contributing and the recreation building and garage are considered non-contributing resources on the nominated property. The properties to the south are currently under separate ownership. A sidewalk leads from the street to the central entrance of the hospital building. Another sidewalk runs parallel to the building near the pedestrian entrance. An asphalt driveway runs parallel to the rear elevation of the building. Another

³ The eligibility assessment was part of compliance with Section 106 of the National Preservation Act of 1966 as amended, by the City of Kansas City, Missouri in behalf of the United States Department of Housing and Urban Development. Although the Dr. B. L. Elliot Recreation building and the ranch style apartment building have associations with the neurological hospital's programs in the 1950s after management changed to a not-for-profit hospital, their associations with the Robinson Neurological Hospital's pioneering role in treatment of the mentally ill In the mid-twentieth century are marginal; their building dates do not meet the National Park Service 50-year threshold nor do they possess exceptional significance for nomination under National Register Criteria Considerations for buildings less than 50 years in age in the area of Health/Medicine or Architecture.

⁴ "Section 106 Determination of National Register Eligibility for Properties in the Beacon Hill Neighborhood Kansas City. Missouri" prepared for the Department of Housing and Community Development City of Kansas City. Missouri by Historic Preservation Services LLC, February 2000.

National Register of Historic Places Continuation Sheet

Section number7	Page6	Christian Church Hospital
		Jackson County, MO

asphalt driveway running east to west abuts the south elevation and is part of a rectangular parking area running north to south between the Nurse's Home building and the 1950s apartment building.

National Register of Historic Places Continuation Sheet

Section number	8	Page	7	Christian Church Hospital
				Jackson County

STATEMENT OF SIGNIFICANCE

The Christian Church Hospital-Robinson Neurological Hospital building is locally significant under Criterion A in the area of Health/Medicine and under Criterion C in the area of ARCHITECTURE. The Christian Church Hospital, established and managed by the national Disciples of Christ Church, is significant in the area of Healthcare as a rare surviving example of the private hospital buildings constructed prior to World War I in Kansas City. It has significant associations with the city's historic pattern of development of health care facilities, in particular the practice in the early twentieth century of different religious and ethnic groups in establishing hospitals and related medical training facilities for the use of their members. It is unique among the private hospitals erected at this time in that there was a stipulation in its bylaws that it be open to members of all religious denominations. The property is additionally significant locally in the area of Healthcare due to its role as the city's only private neurological hospital in the treatment of the mentally ill beginning in 1935 when Dr. George Wilse Robinson, Sr. purchased the property. At this time it was the only private neurological hospital in Kansas City and one of the largest and most modern in the Midwest. The program administered by Dr. Robinson, one of Kansas City's earliest and leading psychiatrists, was at the forefront of the movement to improve the standards of treatment for addiction and mental disease. The Christian Hospital building is significant locally in the area of Architecture for its adaptation of Classical Revival style architecture for an institutional building. The building, designed by Kansas City architect Henry F. Hoit, was one of the largest modern hospital buildings in the city, and, as a result of visits to other hospitals on the East Coast prior to the beginning of the design process, incorporated the latest advances in medical technology and patient care. Particularly significant was the design of a single building to incorporate various departments rather than a series of smaller cottages that heretofore was the norm in the design of large healthcare facilities. The building's period of significance is from 1914, the date construction began, to 1954, the arbitrary fifty-year threshold date established by the National Park Service.

HISTORY OF THE BUILDING AND ITS SIGNIFICANCE IN HEALTHCARE¹

Following sections are based on information provided in "Section 106/Determination of National Register Eligibility for Properties in the Beacon Hill Neighborhood Kansas City, Missouri." a cultural resource survey report prepared for the Department of Housing and Community Development, City of Kansas City, Missouri by Elizabeth Rosin of Historic Preservation Services, LLC, February 2000 and "Christian Church Hospital—Robinson Neurological Hospital Preservation Plan." a report prepared for the Department of Housing and Community Development, City of Kansas City, Missouri by Sally F. Schwenk of Historic Preservation Services, LLC, June 2004. Direct quotations are tootnoted.

National Register of Historic Places Continuation Sheet

Section number8	_ Page <u>8</u>	Christian Church Hospital-
		Jackson County

Until the late nineteenth century, health care in Kansas City and the surrounding area relied on doctors in private practice meeting the needs of the public in their offices and in their homes. Private hospitals, under the sponsorship of these doctors, provided surgical and recuperative care and were located in large private residences. The indigent depended upon the charity of these doctors and their institutions or public health services. Initially these facilities made no attempt to segregate by sex, race or nature of illness. Publicly supported hospitals and clinics at this time were often small and inadequately funded.

During the late nineteenth and early twentieth century, various religious denominations began to establish hospitals for their members. This pattern evolved during the late nineteenth century, a period when religious denominations become more structured and enjoyed statewide and national affiliations. The earliest of these denominational hospitals in the Kansas City area was the founding of St. Joseph's hospital in 1875 under the sponsorship of the Roman Catholic Church. The Episcopalians established All Saints Hospital (St. Luke's Hospital) in 1882. That same year William Volker and the German Evangelical Church founded German Hospital (Research Hospital). In 1905, in response to the increasing need for adequate health care, the African American Episcopal Church and other black churches from both sides of the Missouri-Kansas state line joined and took over support and maintenance of Douglass Hospital in Kansas City, Kansas. In 1906, the Swedish Evangelical Lutheran Church erected Swedish Hospital (Trinity Lutheran). In 1909, the Reorganized Church of Jesus Christ of Latter Day Saints erected the Independence (Missouri) Sanitarium establishing a health care facility and nursing school. The Christian Hospital, erected in 1914 by the Disciples of Christ denomination, was part of this pattern. But, unlike many of the private sectarian hospitals, the Christian Church Hospital served patients of all religious persuasions. Newspaper articles beginning in 1911 through the hospital's opening in 1916 found this policy to be particularly noteworthy. The announcement of the hospital's opening stated,

Our charter and by-laws provide that the facilities offered and the benevolence rendered shall be without reference to creed or nationality. . . . Our purpose is to render a real service to all mankind." The hospital board reinforced its message of humanitarian service by dedicating one-third of the beds to charity patients.²

² Kansas City Star, 24 March 1916. It is unclear if this policy extended to racial minorities. After the Civil War the Disciples of Christ Church, which took no position on the issue of slavery, retained an affiliation with a separate African American body that followed the tenets of the denomination. In the early twentieth century, the two groups merged their benevolent associations, a move that may have affected the policies at the Christian Church Hospital. No contemporaneous accounts relating to the hospital's development note provision for treating African American members of the Disciples of Christ Church or any other denomination. In the segregated society of this era, the

National Register of Historic Places Continuation Sheet

Section number8	Page9	Christian Church Hospital-
		Jackson County

In March 1911, R. A. Long, Kansas City resident, lumber magnate, philanthropist and a leader of the Disciples of Christ Church, donated \$200,000 to the denomination for the purchase of land and construction of a large hospital building in Kansas City, Missouri. A condition of Long's donation was the stipulation that the church membership pledge an equal sum to an endowment fund to insure that one-third of the beds would be used by charity patients. It was Long who stipulated, in accordance with the Disciples' ecumenical tenets, that the hospital admit persons of any religious persuasion, including Roman Catholic and Jewish faiths.³ The following July at the Disciples' annual convention, Long announced that over the next ten years he would endow the hospital with an additional \$800,000 in matching grants.4

At this time, Long hoped that this would be the first building in a larger complex that would form the national headquarters for the Disciples of Christ Church. To this end he commissioned Kansas City architect Henry F. Hoit to develop plans for a number of buildings including the hospital building, a nurses' training facility, an orphan asylum, a home for the aged and a publishing house.

The February 4, 1914 edition of the Kansas City Star announced that a contract for construction of the new \$200,000 hospital building had been awarded to the Joe Hollinger Construction Company of Kansas City, Missouri, and work on the building would begin immediately with completion by November 1. The site was a 460 foot by 270 foot tract that fronted onto The Paseo between 26th and 27th streets. The account noted that "At this time the Paseo passes on the west and south of the tract and the proposed new Paseo will give a boulevard boundary on the east."5 To the south of the tract was undeveloped land.

In the lengthy planning for the hospital, Long considered several sites, all on hilltops with scenic views, convenient to Kansas City's retail center by public transportation. At the time Long announced his donation in 1911, he noted that physicians at other large facilities felt that the efficiency of the hospital facility required convenient access to the "downtown district." 6

region's African American community addressed the basic needs in health, education and welfare. White physicians typically did not treat African American patients and the City Hospital built in 1873, provided only a few beds for blacks. The metropolitan Kansas City area had a diverse African American population that included a number of well educated and trained physicians, nurses and medical specialists. Douglass Hospital in Kansas City, Kansas served as a primary care center for African Americans in the region.

Kansas City Journal, 26 March 1916. In the Journal article the hospital board acknowledges the contributions of the "Catholic and Jewish churches of our city."

⁴ "Christian Church Hospital Association R. A. Long's Gift," Kansas City Star, 9 July 1911.

⁵ Kansas City Star, 4 February 1914.

⁶ Kansas City Star. 1 April 1911.

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United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number	<u>8</u> 1	⊃age <u> </u>	10	Christian Church Hospital-	
				Jackson County	

After the selection of the site. Henry F. Hoit refined the design for the hospital building that he began in 1911. Hoit chose the popular Classical Revival style for the large 186 foot x 59 foot institutional building. The design featured buff colored vitreous brick veneer over the steel and reinforced concrete structure with terra cotta and stone ornament enhancing the building's classicism.

Although the building was completed in November of 1915, the Board of the Christian Church Hospital Association delayed the opening for six months to raise additional funds to furnish the hospital. It opened its doors to patients on April 11, 1916. The opening announcement declared the facility to be

a first class hospital with all other departments and equipment necessary to meet the present day requirements of such an institution. Our aim is to give the most efficient hospital service at reasonable cost, dispensing absolute charity where it is justified.

The final cost for construction and furnishings was \$330,000. The five story building had 75 patient rooms and 150 beds and facilities for the surgical, obstetrical, pediatric, orthopedic, urology, ophthalmology, otolaryngology, dermatology, neurology, pathology, roentgenology (radiology) and general medical departments.⁷

The basement/ground floor level contained a drug store under the direction of a registered pharmacist, an autopsy room, a "detention" room for examination and disinfection for charity patients prior to entering the hospital proper, a dining room for officers and another for the nurses, a diet kitchen, the main kitchen, a central linen supply room and various storage areas.⁸

The main floor housed the waiting room, hospital parlor, administrative offices, floor nurses' room, nurses' training room and the superintendent's quarters. The main entrance and public rooms featured marble walls and oak woodwork and terrazzo floors.

The second floor contained the charity wards, which varied in size from four to sixteen beds making a total of fifty beds. Men occupied the north wing and women the south wing. The head nurse's room and fully equipped kitchen completed the facilities on this floor.

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Kansas City Star. 24 March 1916.

National Register of Historic Places Continuation Sheet

Section number8	Page11	Christian Church Hospital- Jackson County
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The third floor contained private suites with bathrooms and single rooms, some with and others without private bathrooms. As on other floors there was a room for the head nurse and a kitchen.

The south side of the fourth floor served as the maternity ward and included private rooms and a six-bed ward, a delivery room, and a nursery. The surgical suites on the north side of the floor took advantage of the clear north light and included two main operating rooms, two operating rooms for ear, nose and throat surgery, anesthesia and sterilization rooms, two rooms with showers for surgeons, an x-ray suite, and a kitchen.

The central portion of the fifth floor contained the children's ward with 30 beds, an orthopedic ward containing a playroom with exercising equipment, the hospital laboratory and kitchen. On the roof of each wing was a large enclosed sun parlor opening onto open air roof gardens partially covered with awnings.

Twenty-seven staff physicians had full charge of all free beds, clinical services and nurses training. Five physicians provided consulting services in general medicine, pediatrics, and urology. The board invited other physicians and surgeons to practice at the hospital and treat private patients.

At the time of the hospital's opening, the hospital board planned to build five additional buildings on the property. In 1917, they erected the nurses' dormitory and classroom building, establishing a teaching program associated with the hospital. Their expansion plans also included a pathology and research facility, a convalescent home for extended treatment and an endowed outpatient department for charity patients with an affiliated social services department. However, lack of funding precluded construction of these facilities. After ten years in operation, the hospital had considerable deficits and lacked sufficient funding to continue.

The hospital closed in June 1926, and the board leased the property to the United States government for a Veterans' hospital. The Veteran's Administration increased the number of beds to accommodate 200 patients. Between 1926 and 1933 the hospital treated 16,540 veterans. During this period, many luminaries visited the hospital including General John J. Pershing, Mrs. Warren G Harding, Fatty Arbuckle, Amos and Andy, Dorothy Stone and dancers, Tom Mix and Kate Smith. In 1933, the Veteran's Administration closed the facility, relocating patients to

National Register of Historic Places Continuation Sheet

Section number8	Page <u>12</u>	Christian Church Hospital- Jackson County

facilities in Leavenworth, Kansas and Excelsior Springs, Missouri.9

This set the stage for the building's additional significance in health care for its association with one of the oldest and largest psychiatric hospitals that operated west of the Mississippi. ¹⁰ Dr G. Wilse Robinson, Sr. purchased the Christian Church Hospital property in 1935, and with his son, Dr. George Wilse Robinson Jr., opened Robinson Hospital in October of that year. The Robinsons' practice was a continuation of the oldest private practice treating mental illness in Kansas City. Dr. John Punton established Punton Sanitarium, the city's first psychiatric hospital. Dr. Robinson Sr. took over Dr. Punton's practice and purchased the Punton Sanitarium in 1910.

Punton's mission was provision of a comfortable environment to treat patients with psychiatric disorders. At the time of its founding, typical care of such cases was primitive and, at times, brutal, the subject of various reform movements beginning in the mid-nineteenth century. In 1909, the National Committee of Mental Hygiene formed to educate the public about the known nature, causes and treatment of mental illness. Their campaign promulgated the latest scientific information about these diseases in an effort to reduce their stigma and promote humane care. The Punton Sanitarium, and later, the Robinson Neurological Hospital, was at the forefront of the movement to improve the standards of treatment of mental illnesses.

In 1928, Robinson moved the hospital from its location at 30th street and The Paseo to the former Dyer Mansion on Independence Boulevard. In 1935, Robinson purchased the Christian Church Hospital property to provide a new, larger home for the Neurological Hospital. Robinson adapted the facility to its new use. In addition to new medical equipment and redecorating to create a "home-like manner," he had steel casement windows with safety features installed. The specially designed windows eliminated the bars typically found on the windows of psychiatric hospitals. Administrative offices, doctor's offices, a laboratory and conference and waiting rooms occupied the first story. The middle three floors held wards for 75 patients. The main admitting area and therapy rooms were on the third floor. Those on the second floor prepared to leave the hospital, while those on fourth floor were the most critically ill. At the north and south ends of each floor were recreation rooms added in response to modern treatment theories. Apartments for Dr. Robinson's family and other physicians occupied the fifth floor.¹¹

Mike Zakoura, "Fade-Out by Psychiatric Hospital," Kansas City Star, 13 January 1974. At this time the oldest private psychiatric hospital west of the Mississippi River was St. Vincent's, established in St. Louis in 1858 by the Daughters of Charity and operating as a division of DePaul Community Health Center.

Kansas City Times, 3 May 1933.

¹¹ "Christian Church Hospital Sold to Dr. O. Wiles Robinson for Neurological Institute," Kansas Ciry Star., 26 August 1935.

NPS Form 10-900-a OMB Approval No. 1024-0018 (8-86)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number	<u>8</u> Pag	e <u>13_</u> _	_	Christian Church Hospital-
			J	Jackson County

The remodeling of the building provided hospital facilities unique in the Middle West. Dr. Robinson, Sr. noted that

We expect to fill a great need in Kansas City for this type of hospital. We are getting away from the old sanitarium idea, which has grown somewhat repellent to the public. At the same time, we are deviating from the general type of hospital which, because of the lack of recreational and other facilities, is not best suited for the care of this type of patient.¹²

Dr. George Wilse Robinson, Sr., worked throughout his life to eliminate the stigma often associated with mental illness, promoting a better understanding of mental illness and the role of psychiatry in its treatment. During his tenure as Superintendent at General Hospital, Kansas City's publicly funded hospital, he established that facility's first psychiatric ward. His subsequent work at the Robinson Neurological Hospital set a high standard for mental health care in the region.

A native of Appleton City, Missouri, Dr. Robinson graduated from Beaumont Medical College in St. Louis in 1896 and pursued additional medical studies in England, Germany and Switzerland. He opened a general medical practice in Kansas City in 1902. The following year he joined the staff of University Medical College as a professor of physiology. He served as superintendent of the Missouri state hospital for the mentally ill in Nevada, Missouri from 1907 to 1909. He returned to Kansas City for a one-year term as superintendent of General Hospital. He stepped down from that position to join the staff of the Punton Clinic and focus his attention on neurological disorders. During World War I, Robinson served as a chief of neuropsychiatry for the U.S. Army. While stationed in France, he developed an interest in the effects of nerve gas. He was president of the Missouri and Jackson County medical associations and of the Kansas City Academy of Medicine. Following his death in 1958, the Kansas City Times wrote, "G. Wilse Robinson, Sr., was a true pioneer who contributed much in his technical field just as he contributed greatly to the alleviation of human suffering."

Dr. George Wilse Robinson, Jr. was born in Joplin, Missouri and lived in Kansas City most of his life. He was a graduate form the University of Missouri in 1925 and received his doctorate from the University of Pennsylvania. His medical career spanned over forty years beginning in 1927

¹² Ibid.

¹³ Dr. Wilse Robinson. Sr, Founder of Neurological Hospital Dies," Kansas City Star. 02 January 1958.

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United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number	8	Page <u>14</u>	Christian Church Hospital-
			Jackson County

when he joined the practice of his father. At his father's death in 1958, he assumed the directorship of the Robinson Neurological Hospital. He also served on the psychiatric staff of the following Kansas City, Missouri hospitals: General Hospital, Research Medical Center, Baptist Memorial Hospital, Menorah Medical Center, and St. Luke's Hospital. He was an associate professor of the University of Kansas School of Medicine. During World War II, he was chief of the Psychiatric Unit at the San Diego Naval Training Station and held the staff position at the Marine Corps base hospital in Pearl Harbor, Hawaii. He was a past president of the Southern Psychiatric Association, the Central Neuropsychiatric Association, the Mid-continent Psychiatric Association, the Missouri Kansas Neuropsychiatric Society, the Kansas City Mental Hygiene Association, the National Association of Private Psychiatric Hospitals, and the Missouri Society of Neurology and Psychiatry. ¹⁴

Patients treated at Robinson Neurological Hospital included the mentally ill as well as those suffering from alcohol and drug addition. It served primarily the citizens of Kansas City and of the states of Kansas and Missouri and "had the facilities to employ any kind of treatment the doctor wanted." The hospital embraced the latest advances in the field of psychiatry. Robinson steadfastly treated patients with the view that the cured victim of mental disease was perfectly capable of a return to society, a view that was quite revolutionary to the general public in the early and mid-twentieth century. Staff referred to patients as "guests." The daily regiment included physical exercise, educational lectures and movies. Treatments included fever and hydro-therapies, physical therapy, and shock therapy. The hospital's unique open policy enabled any doctor affiliated with the American Medical Association to admit patients and supervise their treatment. In addition, the hospital provided training in mental disorders for a great many psychiatrists.

In 1949, Dr. Robinson Sr. and the trustees of the hospital created a new charter designed to make the hospital a non-profit organization. Changes were made to the hospital building to accommodate additional doctors. After Dr Robinson, Sr.'s death in 1958, his son directed the management of the hospital. The name of the hospital changed to Robinson Memorial Hospital in 1967. Dr. Robinson, Jr. died in 1972. The loss of his leadership and the presence of more modern psychiatric facilities led to a decline in admission and the hospital closed a year later. The building has remained vacant since that time. When the hospital closed there was no hospital in Kansas City devoted exclusively to psychiatric treatment. ¹⁶

¹⁴ "Dr. G. Wilse Robinson, Psychiatrist, Dies at 71." Kansas City Times, 14 September 1972.

¹⁵ Zakoura.

¹⁶ Ibid.

NPS Form 10-900 a

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number	8	Page <u>15</u>	Christian Church Hospital-
			Jackson County

ARCHITECTURAL SIGNIFICANCE

The Christian Hospital building is significant for its adaptation of Classical Revival architecture for a specific institutional property type and the incorporation in the design of specific spaces, amenities and advances in medical technology in an effort to provide the up-to-date quality patient care. A committee, including R. A. Long, architect Henry F. Hoit, Dr. W. E. Minor and members of the hospital board visited Washington D.C., Baltimore, Philadelphia, New York and Chicago prior to beginning the design process. They noted that the John Hopkins Hospital in Baltimore had fourteen acres but was cramped for room due to its expanding complex of buildings. This finding reinforced an early design decision. Long initially envisioned a building for each department - administration, surgical cases, medical cases, children's diseases, and contagious disease - in a park-like setting that also included a research facility and a training school for nurses. Instead, according to Long, preliminary investigation revealed that, "The modern idea is to restrict a sanitarium to one large building. The theory that cottages were needed to prevent the spread of diseases appears to have been exploded. In one building the expense of administration and the service is much less as compared with the cottage plan." ¹⁷

Henry F. Hoit received the commission to design the Christian Church Hospital building from his patron, R. A. Long. Hoit began the design in 1911 noting that Long's instructions were for the largest and best equipped hospital building in the country. Among the projects Long commissioned of Hoit were the designs for the R. A. Long office building in downtown Kansas City and Longview Farms in Lee's Summit, Missouri. Hoit designed Long's Kansas City residence, Corinthian Hall, in the Classical Revival style as well as the Independence Boulevard Christian Church in Kansas City and the First Christian Church in Independence, Missouri.

Born in Chicago, Henry Hoit received is architectural training at the Massachusetts Institute for Technology. He came to Kansas City in 1903, joining the architectural firm of Van Brunt and Howe. Upon Van Brunt's retirement the following year, Hoit became a partner in the firm of Howe, Hoit and Cutler. Hoit was known for his monumental buildings. His work includes many of the City's early high rise buildings. The 1905 R. A. Long Office Building is considered the first skyscraper in Kansas City. The Southwestern Bell Telephone Building, the Kansas City Power and Light Building and the Fidelity Bank and Trust Company Buildings were also designed by the firm. ¹⁸

17 Kansas City Star, 1 April 1911.

¹⁸ All but the Southwestern Bell Telephone Building and the First Christian Church in Independence are listed in the

NPS Form 10-900-a OMB Approval No. 1024-0015, 8-86)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number	8	Page	16	_ Christian Church Hospital-
				Jackson County

The high-style Classical Revival architectural treatment made the Christian Church Hospital one of the City's most architecturally distinctive institutional facilities of the period and reflected the revival of classically inspired architecture that was associated with the City Beautiful Movement nationally and as executed in Kansas City. A newspaper account in 1911 quoting Hoit announced that the planned hospital's design ". . . will be Renaissance with the feeling rather that of the modern French types." Hoit's reference to "Renaissance" and the "modern French types" alludes to the Renaissance classical tradition that arose from a revival of interest in classicism during the Renaissance, which began in Italy in the fifteenth century as interpreted by the Beaux Arts School in the late nineteenth and early twentieth century. The buff colored brick and light terra cotta and stone ornamentation of the building reflect classical treatments during the era of the City Beautiful Movement. The light palette of the designs emanating from the Beaux Arts school were a noticeable departure from the use of contrasting dark and light materials in the late Victorian period. White, cream, light gray marble, limestone or cast stone; buff-colored brick; and white vitreous, glazed brick replaced dark, hard-fired brick, granite and sandstone. The light palette of the designs emanating from the late victorian period. White, cream, light gray marble, limestone or cast stone; buff-colored brick; and white vitreous, glazed brick replaced dark, hard-fired brick, granite and sandstone.

The building has significant associations with the popularity of classicism at the turn-of-the-twentieth century in America that had its roots in the 1893 Columbian Exposition, which inaugurated a national passion for what became known as the City Beautiful Movement. This movement originated in the *Ecole des Beaux-Arts* in Paris that trained an entire generation of architects and designers. Incorporating the disciplines of architecture, planning, and landscape design, the Beaux Arts style²² is loosely based on the classical Greek and Roman architecture. The exposure of the general public to the Neo-classical and more elaborate Beaux Arts style provided by the Columbian Exposition profoundly changed the nature of public architecture and landscape design in America in the late nineteenth and early twentieth centuries. The return to classical motifs that stimulated the birth of the Renaissance and Classical Revival architectural styles became well established by 1895 and continued until the 1930s.²³

National Register of Historic Places.

¹⁹ Kansas City Star, 1 April 1911.

²⁰ Virginia and Lee McAlester. A Field Guide to American Houses (New York: Alfred A Knopf. 2003), 5; and John C. Poppeliers, S. Allen Chambers, and Nancy B. Schwartz. What Style Is It? A guide to American Architecture (Washington D.C.: Preservation Press, National Park Service, Department of the Interior).

²¹ Carole Rifkind. A Field Guide to American Architecture (New York: Times Mirror New American Library, 1980), 218.

²² Also referred to as Beaux Arts Classicism.

²³ Poppeliers et al. place the Classical Revival Style as a later more refined continuum (or sub-type) of the Beaux Arts traditions.

NPS Form 10-903-a 05/19 Approval No. 1024-0018 (8-86)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number _	8	Page ₋	17	Christian Church Hospital-
				Jackson County

One result of these forces was the emergence in the larger cities of monumental, symmetrical, well-appointed buildings and structures with a rich and expansive use of classical ornamentation. The widespread use of elevators, steel frame construction, and reinforced concrete during this period also contributed to buildings of considerable size and height. When executed in public buildings, the Classical Revival style tended to be larger, grander and more elaborate than earlier nineteenth century Greco-Roman revival styles.24 From urban ensembles sited along grand boulevards to the college campus to the courthouse square, a wide range of public and institutional buildings utilized the Classical, Renaissance and Beaux Arts revival styles—civic monuments, memorial buildings; courthouses and capital buildings; symphony halls, museums, libraries: university halls; banks; hotels; and even fire and police stations. In Kansas City the large classically inspired public and intuitional buildings as well as apartment buildings occurred along the City's rapidly evolving boulevard system. The classical design of the massive Christian Church Hospital with its surrounding open space and horizontal orientation facing onto The Paseo, the city's premier boulevard, reflects these national trends and contributes to the building's historic significance. Hoit's revision of earlier designs to include a finished façade on all sides is indicative of an anticipated ensemble on the property and the site's front and rear alignment along major boulevards.

Within its classical façade, Hoit's design for the Christian Hospital incorporated the latest architectural and medical technologies as well as a plan and specialized spaces that facilitated the work of staff in caring for the special needs of their patients and providing the latest treatment options. The ambulance entrance directly accessed the elevators. Each floor had a fully equipped kitchen accessed by electric dumb waiters to the main and dietary kitchens in the basement. The operating rooms had large skylights and electronic lighting that did not "throw shadows," making night operations feasible. Fans located on the fifth floor supplied fresh air to the entire building. Open air rooftop terraces were accessible to all patients. To minimize noise and vibration, elevator cores and stairwells are set apart from wards by sets of double doors and a separate building adjacent to the hospital housed the power plant. The maternity ward had special, soundproof rooms for newborns.

The building reflects the enormous change in area hospital facilities by the end of World War I. After 1900, a number of earlier private hospitals built new facilities specifically designed for patient care with St. Joseph's, Mercy and Trinity Lutheran hospitals among those relocating to new quarters. At this time, physicians made the transition from a home-based practice to the

²⁴ Rifkind, 220.

²⁵ Kansas City Star. 24 March 1916.

NPS Form 10-900-a

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number _	8	Page	18	Christian Church Hospital-
				Jackson County

hospital, with its increased diagnostic and surgical facilities. With the exception of the Christian Church Hospital-Robinson Neurological Hospital, the hospital buildings erected during this period in Kansas City have been demolished to make way for larger and more modern hospital buildings or have been significantly altered during facility expansion and modernization. The Christian Church Hospital is thus additionally significant as a unique and rare property type.

National Register of Historic Places Continuation Sheet

Section number 9 Page 19

Christian Church Hospital Jackson County, MO

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National Register of Historic Places Continuation Sheet

Section number9	Page	 Christian Church Hospital Jackson County, MO

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National Register of Historic Places Continuation Sheet

Section number9	Page21	Christian Church Hospital Jackson County, MO

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National Register of Historic Places Continuation Sheet

Section number10	Page	22	Christian Church Hospital Jackson County, MO

Verbal Boundary Description

All of Lots 1 to 11, inclusive, in Block 4 of PORTER PARK, a subdivision in Kansas City, Jackson County, Missouri, according to the recorded plat thereof; also all of the vacated tract of land fifteen and seven-tenths feet in width East of and adjoining said Block 4; also part of the Southeast 1/4 of the Southwest 1/4 of Section 9, Township 49, Range 33, particularly described as follows: Beginning on the North line of The Paseo as established by Ordinance 13067; thence North along the West line of said 1/4 1/4 section to the Easterly prolongation of the North line of Block 4 in PORTER PARK; thence East 128 feet to the Westerly line of The Paseo Extension as established by Ordinance 15234; thence South along the West line of said Paseo Extension to the North line of The Paseo as established by Ordinance 13067, being 128 feet East of the West line of said 1/4 1/4 section and 50 feet North of the South line thereof; thence West 128 feet to the point of beginning (except that part of said tract now a part of The Paseo as established by Ordinance 13067 and 15234);

Except and excluding, however, the following described tracts:

PARCEL 1:

All that part of the Southeast 1/4 of the Southwest 1/4 of Section 9, Township 49, Range 33, in Kansas City, Jackson County, Missouri, and the vacated alley East of and adjacent to Block 4, PORTER PARK, a subdivision in Jackson County, Missouri, all more particularly described as follows: Beginning at the intersection of the North line of 27th Street as now established with the West line of said 1/4 1/4 Section; thence East and parallel to the South line of said 1/4 1/4 Section and along the North line of 27th Street a distance of 128 feet to the West line of parkway known as The Paseo, thence North and parallel to the West line of said 1/4 1/4 Section and along the West line of The Paseo, a distance of 172 feet; thence West and parallel to the South line of said 1/4 1/4 Section, a distance of 106.45 feet; thence South parallel to the West line of said 1/4 1/4 Section a distance of 80.50 feet; thence West and parallel to the South line of said 1/4 1/4 Section, a distance of 32.78 feet, thence South and parallel to the West line of said 1/4 1/4 Section a distance of 91.50 feet to a point in the North line of 27th Street; thence East a distance of 11.23 feet to the point of beginning, except Lot 9, except the East 57.0 feet of the North 1/2 and except the East 27.0 feet of the South 1/2 and Lots 10 and 11, except the East 27.0 feet except that part in Streets and Boulevards, all in Block 4, PORTER PARK, a subdivision of land in Kansas City, Jackson County, Missouri.

PARCEL 2

Portions of Lots 8, 9, 10 and 11, Block 4, PORTER PARK, a subdivision in Kansas City, Jackson County, Missouri, according to the recorded plat, thereof, a portion of the vacated alley lying East of and adjoining said Lots, and part of the Southeast 1/4 of the Southwest 1/4 of Section 9, Township 49, Range 33, in said city, county and state, and all more particularly described as follows: Commencing at the intersection of the West line of said 1/4 1/4 Section and the North line of 27th Street, as now established; thence West along said North line, 11.23

National Register of Historic Places Continuation Sheet

Section number	10	_ Page _	23	Christian Church Hospital
				Jackson County, MO

feet to the point of beginning of the tract of land to be herein described; thence North, parallel with the West line of said 1/4 1/4 Section, 91.50 feet; thence East, parallel with said North line of 27th Street, 32.78 feet; thence North, parallel with the West line of said 1/4 1/4 Section, 80.50 feet to a point which is 172 feet North of said North line of 27th Street; thence East, parallel with said North line, 59.78 feet; thence South, parallel with the West line of said 1/4 1/4 Section, 172 feet to a point on said North line of 27th Street; thence East along said North line, 27 feet to the point of beginning.

Boundary Justification

Regarding UTM References, the entire reference is 15 (Zone) 364599-483 (Easting) 4326683.091 (Northing)

The conversion/projection used for the coordinate values is NAD27.

The boundaries as described include the hospital property and the two auxiliary buildings within the boundaries of the nominated property. The tracts noted as excluded, Parcel 1 and Parcel 2 contain associated out buildings that may be historically related, but are not being nominated at this time because those properties are currently under a separate ownership. Parcel 1 refers to the property southwest of the nominated property, bounded on the west by West Paseo Boulevard and on the south by East 27th Street. Sited on Tract 1 is a one-story 1954 multifamily building. Parcel 2 refers to the property southeast of the nominated property, bounded on the east by The Paseo and on the south by East 27th Street. Sited on Tract 2 are the 1917 Nurses Home Building and a 1962 carport.

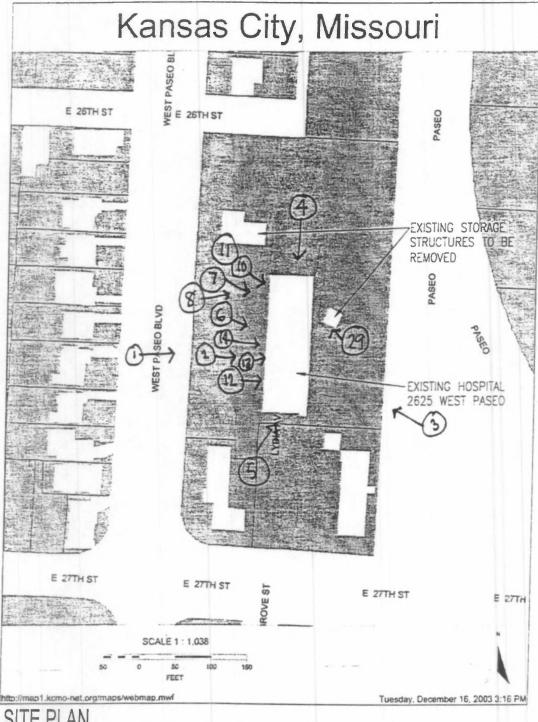
National Register of Historic Places Continuation Sheet

Section number11	Page24	Christian Church Hospital Jackson County, MO

Photographs

The date of all the photographs is June 16, 2004. The photographer is Brad Finch, f-stop.com. The negatives are located at f-stop.com, Brad Finch, 407 Benton Boulevard, Kansas City, Missouri 64124.

- West (front) Elevation looking east.
- 2. Enlarged West (front) Elevation looking east.
- East Elevation looking northwest.
- 4. North Elevation looking south.
- 5. South Elevation looking north.
- 6. Typical Casement Replacement Window.
- 7. Fifth Floor Sun Terrace looking northeast.
- 8. Fifth Floor Sun Terrace Infill looking northeast from Roof (not original).
- 9. Fifth Floor Sun Terrace looking north from Roof.
- 10. Balcony Detail at northwest corner looking southeast.
- 11. Terra Cotta Detail, Fifth Floor northwest corner looking northeast.
- 12. Typical Terra Cotta and Jack Arch Detail.
- 13. Terra Cotta Bracket Detail on West Elevation looking east.
- 14. Column Capital West Elevation on West Elevation looking east.
- 15. Interior Stair looking northeast.
- 16. Lower Level looking at East Entry Door.
- 17. Main Floor Elevator Lobby looking east.
- 18. Main Floor Corridor Terrazzo (Typical).
- 19. Main Floor Lobby Ceiling Detail looking north.
- 20. Main Floor Lobby Cornice Detail looking southeast.
- 21. Main Floor Community Room looking north.
- 22. Main Floor Corridor looking south.
- 23. Main Floor Entry Doors from inside looking west.
- 24. Main Floor Vestibule looking northwest.
- Main Floor Lobby looking northwest.
- Typical Floor Corridor to Stair looking southeast.
- 27. Room on Typical Floor looking northwest.
- 28. Typical Floor Corridor.
- Out Building East of East Elevation.



SITE PLAN



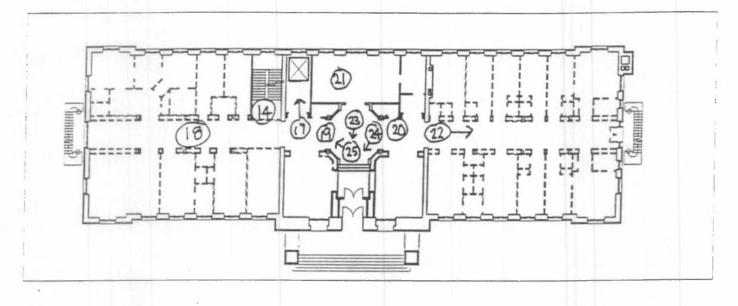
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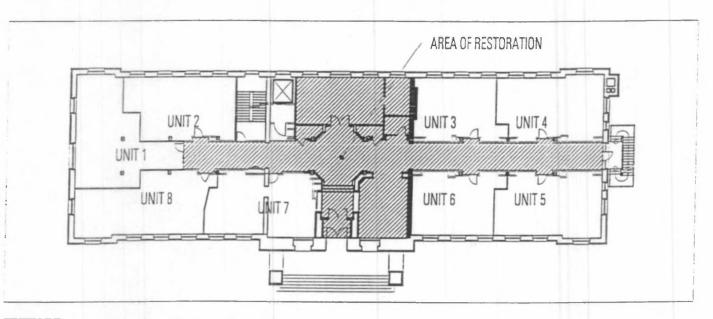
RESIDENCES at WEST PASEO 2625 WEST PASEO KANSAS CITY MISSOURI COHEN-ESREY DEVELOPMENT, LLC

17 DECEMBER

SITE PLAN 1 OF 1



2.21a EXISTING FLOOR PLAN



2.21b PROPOSED FLOOR PLAN



Gastinger Walker Harden Architects

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2625 WEST PASEO
KANSAS CITY MISSOURI
COHEN-ESREY DEVELOPMENT, LLC

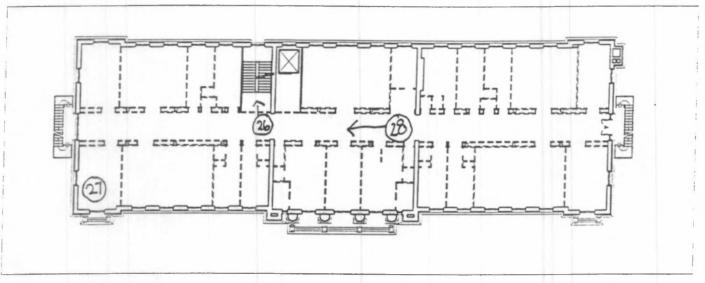
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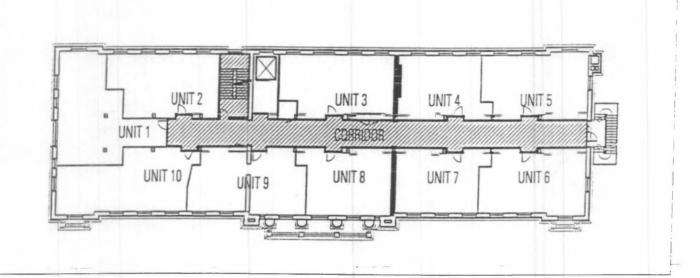
MAIN FLOOR PLAN 1 OF 1

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2.22a EXISTING FLOOR PLAN



2.22b PROPOSED FLOOR PLAN



Gastinger Walker Harden Architects

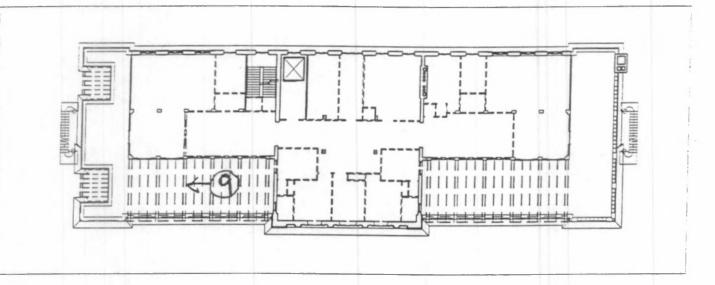
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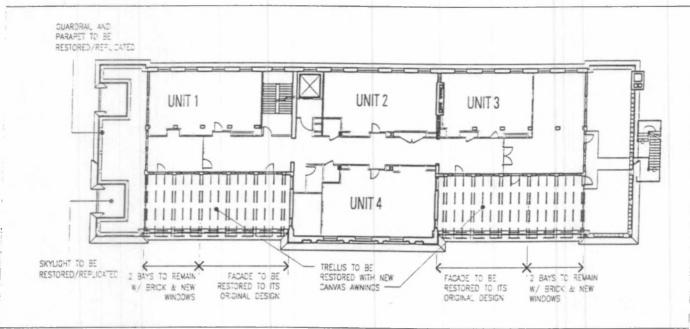
TYPICAL FLOOR PLAN

2.22

3334



2.23a EXISTING FLOOR PLAN



2.23b PROPOSED FLOOR PLAN



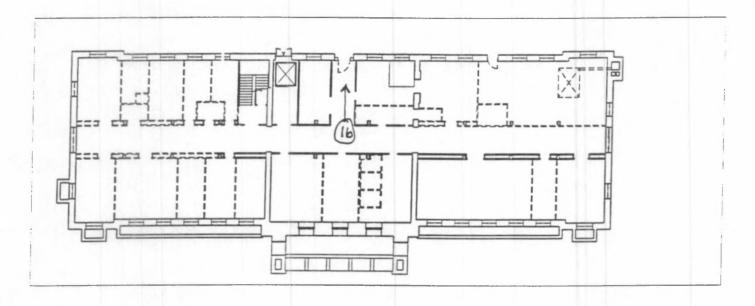
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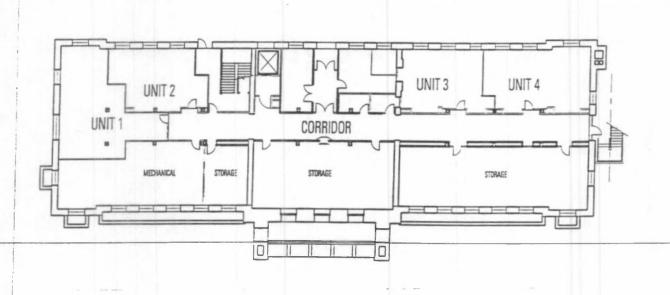
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TERRACE FLOOR PLAN 1 OF 1

2.23



2.24a EXISTING FLOOR PLAN



2.24b PROPOSED FLOOR PLAN



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FIRST FLOOR PLAN 1 OF 1

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